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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner William M. TREAT	Stephen T. Neal
COMPANY:	DATE:
USPTO	October 18, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	Intel 2207/10612
RE:	YOUR REFERENCE NUMBER:
Serial No.: 09/752,573	Group Art Unit: 2183

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ CONFIRMATION

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Notes/Comments: NOTICE OF APPEAL

1. Fax Cover Sheet (1)
2. Transmittal Form (1)
3. Fee Transmittal (and one copy) (2)
3. Notice of Appeal (1)

Total: (5) pages

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Dated: October 18, 2005

A handwritten signature in cursive script that reads 'Barbara Vance'.

Signature:

Barbara Vance

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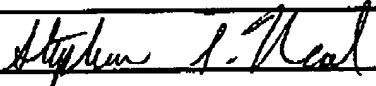
P.02


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/752,573	
	Filing Date	December 28, 2000	
	First Named Inventor	Nicholas G. SAMRA et al.	
	Art Unit	2183	
	Examiner Name	William M. TREAT	
Total Number of Pages in this Submission	5	Attorney Docket Number	Intel 2207/10612

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Cover Sheet
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Firm	Kenyon & Kenyon	
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Date	October 18, 2005	Reg. No. 47,815

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Signature		
Typed or printed name	Barbara Vance	Date
		October 18, 2005

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FEE TRANSMITTAL for FY 2005 Effective 10/01/2004. Patent fees are subject to annual revision.		Complete if Known	
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		Examiner Name	William M. TREAT
		Art Unit	2183
		Attorney Docket No.	Intel 2207/10612
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		500.00	

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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 11-0600 Deposit Account Name: Kenyon & Kenyon The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																																																																																																																																																																																					
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*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Stephen T. Neal	Registration No. (Attorney/Agent)	47,815
Signature	<i>Stephen T. Neal</i>	Telephone	(408) 975-7500
		Date	October 18, 2005

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